

FIG. 1

Incomplete Data

Run Time: 11/10/99 09:29:49 AM

This company is not sending complete data to the State of Utah Uninsured Motorist Database. Make sure that you complete these fields by your next submission or contact Holly Derum with the expected completion date. Utah Law states that these reporting requirements must be met.

Group: ANPAC

Company G3M6 American National General Insurance Co.

Data Run Date 11/08/99

This Company has 8 Incomplete Records which represents .41% of your submission. The following is a breakdown according to the format.

The following fields are not being completed as per Utah Law.

Field Name	Quantity Incomplete	%
1. Vin	0	0.00%
2. Make	3	0.15%
3. Year	0	0.00%
5. Policy	0	0.00%
6. Effective Date	0	0.00%
7. Expiration Date	0	0.00%
8. Last Name	0	0.00%
9. First Name	5	0.25%
10. Address	0	0.00%
11. City	0	0.00%
12. State	0	0.00%
13. Zip	0	0.00%
14. Garaged Add.	0	0.00%
15. Garaged City	0	0.00%
16. Garaged State	0	0.00%
17. Garaged Zip	0	0.00%
18. DL State	0	0.00%
19. DL Number	0	0.00%
20. DOB	0	0.00%
21. Scheduled	0	0.00%

As always, if you have any questions, please call: 801-531-0731 Insure-rite, Inc. ®

*** Vehicle Liability Reporting Format Enclosed



Sample Registration Screen

TITLE/REGISTRATION DISPLAY

PLATE-NO _____ OWNER _____ DIST MSRP B MICROFILM
0017381 132397573-10

PHYS=> LAYTON UT 84041 08 CLASS: 2T
MAIL->

RENEWAL-DATE TYPE DESIGN TITLE-NO TYPE T-DATE P-SAFETY FLEET ACCT NO.
10 98 Y C 8174606 L 020998

VEHICLE DESCRIPTION: VIN 1FTHX25G7PK043106 VIN-ST-FL6
STATUS TYPE MAKE STYLE MODEL YR CYL WT FUEL DISPL MAKE KEY TRAN-D
TP FORD PK COFF25 93 08 12 G 16000X25 020998

LESSEE INFORMATION:

MAILING ADDRESS: **Insurance Status** ATION: **Number of Letters** STREET ADDRESS: _____ CI **Response from Notice**
33 S MAIN ST KAYSVILLE

COMMENTS AREA:

MASTER INSURED: NO LETTER #2: 09/10/1998 ASP: SOLD ODOM-READING 058610 ODOM-FLG Y
OP-ID EXAM-OFF CJR E3227

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PHONE: (801) 531 0731 FAX (801) 531 0312 info@insure-rite.com

FIG. 3

INSURE-RITE[®]

INCORPORATED

Financial Responsibility

Insure-Rite - Insurance History Lookup Screen

Lookup - Key fields: (Vehicle or Letter data)

Notice Number:
 Plate:
 Last name:
 First name:
 Address:
 City:
 State:
 Zip:

Insurance Data:

Effective	Expiration	Company Name	Policy Number	Insurance No.
10/01/1998	12/31/1998	Progressive Northwestern Insurance Company	104818540	1FALP52U7TA165327
08/26/1998	09/30/1998	Progressive Northwestern Insurance Company	104818540	1FALP52UXPA165327
08/01/1998	06/30/1998	Atlanta Specialty Insurance Company	06242906	1FALP52U7TA165327
03/01/1998	04/30/1998	Atlanta Specialty Insurance Company	06242906	1FALP52U7TA165327
12/01/1997	02/28/1998	Atlanta Specialty Insurance Company	06242906	1FALP52UXPA165327

Reply Data:

☐ Car ☐ V-mat ☐ Letter ☐ Paper

Reason for non-insurance:

07/19/1999 04:37:14 PM: Reason for non-insurance: SOLD OR TRADED
 07/19/1999 04:37:14 PM Ref: 3602992: Phone call made/received

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FIG. 4



STATE OF UTAH
UTAH STATE COMMISSION
UTAH DEPARTMENT OF PUBLIC SAFETY
P.O. Box 3478
Salt Lake City, Utah 84110

February 28, 2000

RE: UNINSURED MOTORIST SURVEY
RESPONSE REQUIRED WITHIN 45 DAYS

Dear Motorist:

In surveying all the registered vehicles in Utah, we are unable to locate an insurance record on the vehicle(s) listed below. It is possible that there is a change in the vehicle status, i.e. sold, transferred, no longer in service, etc. Everyone must abide by the mandatory insurance laws that protect us all. It is important this vehicle does not continue to show uninsured in the event you are stopped by law enforcement. Therefore:

- **IF YOU DO HAVE INSURANCE:** Have your insurance agent fax or mail us the **current** declaration page or equivalent and we will immediately update the database. Always reference the code(s) listed below.
- **IF YOU DO NOT HAVE INSURANCE:** You must purchase insurance immediately if this vehicle is being operated on public roadways. Have your insurance agent fax or mail us the binder, declaration page or equivalent and we will make certain your records are updated. We will also track the policy with your insurance company to make certain they report it accurately. Always reference the code(s) listed below.
- **IF THERE HAS BEEN A CHANGE IN THE VEHICLE STATUS:** If the vehicle(s) is out of service, please complete and return the enclosed certificate. To report other changes call 801-531-9664 and enter the requested information. Always reference the code(s) listed below.

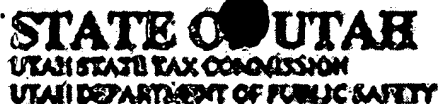
Thank you for your help. Remember, you must respond within 45 days to avoid further action. Have your agent fax the information to Insure-Rite, Inc.® (801) 531-0312, toll free 1-800-790-2070, phone (801) 531-9664, outside the Wasatch Front call us toll free at 1-800-867-4167 or mail information to P.O. Box 3478, Salt Lake City, Utah 84110. If it is more convenient, you can always leave your phone number and we will return your call. We look forward to hearing from you. Thank you for helping us make a real difference in the *decline* of uninsured vehicles on Utah roads!

MAKE

YEAR

REFERENCE CODE

Fig. 5



**RE: UNINSURED MOTORIST SURVEY
RESPONSE REQUIRED WITHIN 45 DAYS**

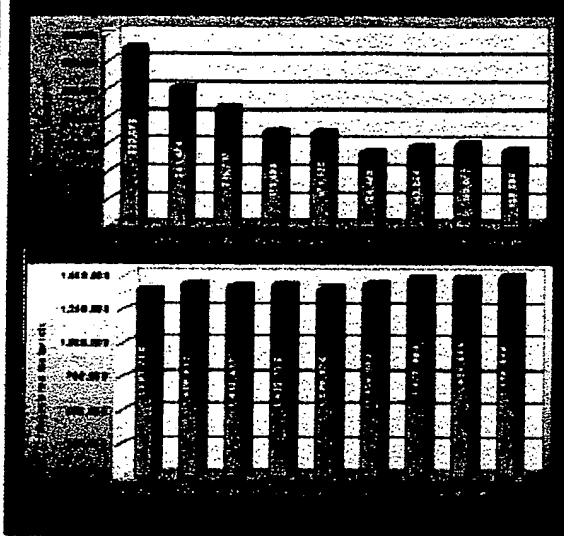
Fig. 5 (original)

Profile of Uninsured

Interface

- Identifies Uninsured by Region, Type of Vehicle, Age of Vehicle, Income, Etc..
- Press Releases & Information for Media.
- Measures Results, and Shows Effectiveness of Program

Uninsured Motorist Progress



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FIG. 6

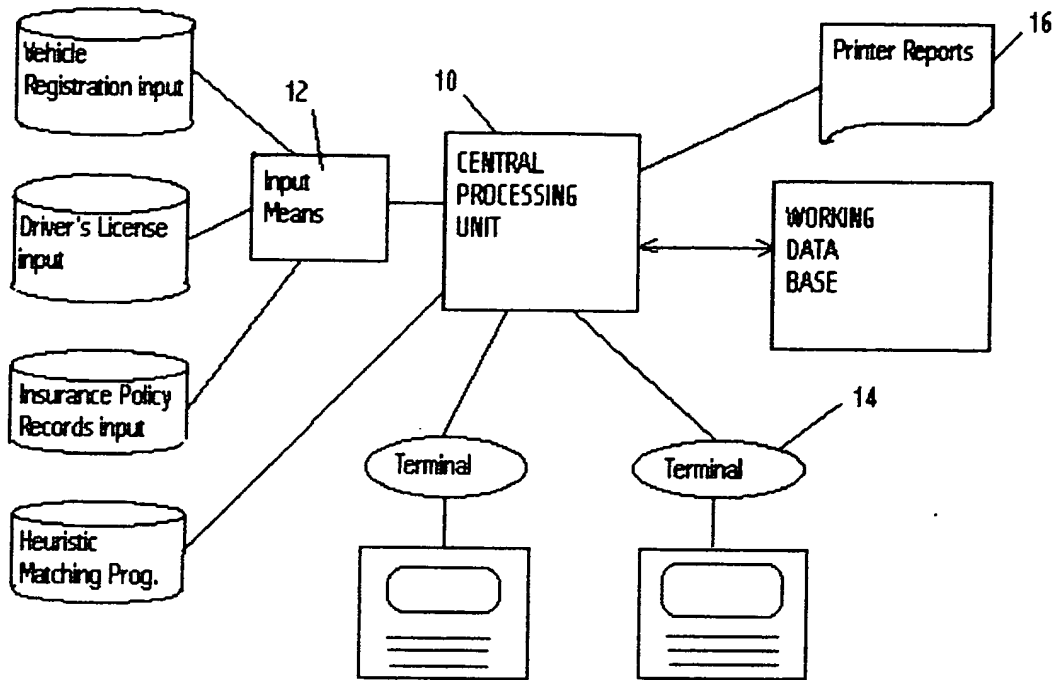


Fig. 7